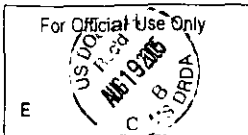


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <b>12083</b>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name <b>PATRICK S TRACEY</b>  P.O. Box, Bldg., Room No., if any  Street <b>8152 SOUTH FARR STREET</b>  City <b>SAVANNA</b>  State <b>Illinois</b> ZIP Code +4 <b>61074</b>	4. Name, file number, and address of labor organization.  Name <b>PLUMBERS &amp; PIPEFITTERS LOCAL NO. 25</b>  Labor Organization File Number <b>025-912</b>  P.O. Box, Building and Room Number, if any  Street <b>4600 - 46TH AVENUE</b>  City <b>ROCK ISLAND</b>  State <b>Illinois</b> ZIP Code +4 <b>61201-7143</b>
5. Position in labor organization. <b>BUSINESS MANAGER</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code +4	7. a. Nature of Interest, Transaction, or Income.          7. b. Amount.

### Signature

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *Patrick S. Tracey* On 8/11/05 815-273-2843  
Date Telephone Number

Name of Person Filing PATRICK TRACEY	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name BARTLETT &amp; CO.</p> <p>Trade Name, if any:</p> <p>P O Box, Bldg., Room No., if any</p> <p>Street 36 E FOURTH STREET, SUITE 400</p> <p>City CINCINNATI</p> <p>State Ohio ZIP Code + 4 45202-3896</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name LOCAL NO. 25 HEALTH &amp; WELFARE FUND</p> <p>Trade Name, if any:</p> <p>P O Box, Bldg., Room No., if any</p> <p>Street 4600 - 46TH AVENUE</p> <p>City ROCK ISLAND</p> <p>State Illinois ZIP Code + 4 61201</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>DINNER AT CONFERENCE</p> <p>12.b. Amount. \$100</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name EASTERN IA/WESTERN IL MECHANICAL CONTRACTOR</p> <p>Trade Name, if any:</p> <p>P O. Box, Bldg., Room No., if any</p> <p>Street 4711 - 44TH STREET, SUITE 2</p> <p>City ROCK ISLAND</p> <p>State Illinois ZIP Code + 4 61201</p>	<p>14.a. Nature of payment</p> <p>SEMINAR/RETREAT, JUNE 24 - 27, 2004 \$512.00</p> <p>CHRISTMAS PARTY, DEC 17, 2004 \$ 60.00</p> <p>SURGERY "GET WELL BASKET," NOV 4, 2004 \$58.00</p>
<p>13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment \$630</p>

## Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name BAUM SIGMAN AUERBACH & NEUMAN, LTD

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 200 WEST ADAMS STREET, SUITE 200

City CHICAGO

State Illinois ZIP Code + 4 60606

14.a. Nature of payment

2 BOOKS, oct 21, 2004, \$37.00

13 b Is the Business an Employer or Consultant ☒ ?

14.b. Amount of payment:

\$37

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13 b Is the Business an Employer or Consultant ?

14.b. Amount of payment

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment:

13 b. Is the Business an Employer or Consultant ?

14.b. Amount of payment: